

| | |
|---|---------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket No. (Optional) 28335/39524A |
|---|---------------------------------------|



| | |
|---|------------------------------|
| In re Application of Michael L. Robinson et al. | |
| Application Number 10/650,449 | Filed August 27, 2003 |
| For: IDENTIFICATION OF A GENE AND MUTATION RESPONSIBLE FOR AUTOSOMAL RECESSIVE CONGENITAL HYDROCEPHALUS | |
| Art Unit 1645 | Examiner Not Yet Assigned |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record. Registration Number
- ☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 48,484

May 19, 2004
Date

(312) 474-6300
Telephone Number

Signature
Sharon M. Sintich
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

05/24/2004 NBLRNCU 00000004 10630449

02 FC:2251

55.00 OP

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date shown below.

Dated: May 19, 2004

Signature: (Sharon M. Sintich)